

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2000000931

**Entity Name:** MCBRIDE FOR BUSINESS, LLC

**Current Principal Place of Business:**

300 NORTH RONALD REAGAN BLVD.  
SUITE 210  
LONGWOOD, FL 32750

**Current Mailing Address:**

300 NORTH RONALD REAGAN BLVD.  
SUITE 210  
LONGWOOD, FL 32750 US

**FEI Number:** 81-2745072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCBRIDE, RONALD SHAWN  
300 NORTH RONALD REAGAN BLVD.  
SUITE 210  
LONGWOOD, FL 32750 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCBRIDE, R SHAWN  
Address 300 N. RONALD REAGAN BLVD.,  
SUITE 210  
City-State-Zip: LONGWOOD FL 32750

Title MBR  
Name MCBRIDE, R SHAWN  
Address 300 N. RONALD REAGAN BLVD.,  
SUITE 210  
City-State-Zip: LONGWOOD FL 32750

Title AP  
Name MCBRIDE, R SHAWN  
Address 300 N. RONALD REAGAN BLVD.,  
SUITE 210  
City-State-Zip: LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** R SHAWN MCBRIDE

**MANAGING MEMBER**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date